

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Scalise For Congress

Full Name (Last, First, Middle Initial)

A. ANN WAGNER FOR CONGRESS

Mailing Address PO BOX 50

City	State	Zip Code
BALLWIN	MO	63022

Purpose of Disbursement
DONATION TO CANDIDATE

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: MO District: 02

Date of Disbursement

M M / D D / Y Y Y Y
06 / 09 / 2015

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.29231

B. APPLE INC.Mailing Address APPLE CAMPUS
CORPORATE HEADQUARTERS

City	State	Zip Code
CUPERTINO	CA	95014

Purpose of Disbursement
TECHNOLOGY/EQUIPMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Disbursement this Period

891.58

Transaction ID : SB17.29549

C. APPLE INC.Mailing Address APPLE CAMPUS
CORPORATE HEADQUARTERS

City	State	Zip Code
CUPERTINO	CA	95014

Purpose of Disbursement
TECHNOLOGY/EQUIPMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Disbursement this Period

3.99

Transaction ID : SB17.29590

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2895.57